MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWPORT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARVETTA (Middle) VERA (Last) BOWLING
4. DATE OF DEATH (Month) AUGUST (Day) 16 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE-U.S.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH AUGUST 10, 1952
9. AGE last birthday yrs. If under 1 year Months Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WALTER W. BOWLING, JR.
14. MOTHER'S MAIDEN NAME WINIFRED GARNER.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS WALTER W. BOWLING, JR., NEWPORT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE, MIDDLE MENINGEAL ARTERY, RIGHT.	6 DAYS.
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ATALECTASIS, BILATERAL LOWER LOBES	7 DAYS
	(c) PERITONITIS, RECENT, CAUSE UNDETERMINED	?24 HOURS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from AUGUST 10, 1952, to AUGUST 16, 1952, that I last saw the deceased alive on AUGUST 16, 1952, and that death occurred at 9 30 P.M. E.S.T., from the causes and on the date stated above.

SIGNATURE John W. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 8/17/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 8-18-52 NAME OF CEMETERY OR CREMATORY Deutsville M.E. LOCATION (City, town, or county) Deutsville (State) MD

DATE REC'D BY LOCAL REG. 8/18/52 REGISTRAR'S SIGNATURE Julia H. Pasey 8/19/52
24. FUNERAL DIRECTOR Hunt & Ryon Waldorf MD ADDRESS 2082243404

RECEIVED
AUG 22 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08457

Reg. Dist. No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata MD

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rye Mem Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Bernice	Farmer	Aug	16	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	C		apr 8-1913	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own Home	Md	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME
Joseph P. Johnson	Mary E. Darsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT'S ADDRESS:
No	214-16-8938	Joseph Farmer. Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cor Pulmonale	
DUE TO		
	(c) Mitral Stenosis	

410X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug 12, 19 52 to Aug 16, 19 52, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Roland F. Daly	M.D.	La Plata Md.	Aug 16 52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8-19-52	Sacred Heart	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/52 8/19/52	Giles H. Casey	Smith & Ryon Waldorf Md	

RECEIVED
AUG 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08458

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md.~~ N.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Durham
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Olin (Last) Fore
4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 1952
5. SEX M.
6. COLOR OR RACE Negro
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Jan. 6 1922
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Tobacco Auction
11. BIRTHPLACE (State or foreign country) Aynor S.C.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Ernest Fore
14. MOTHER'S MAIDEN NAME Susie Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 137-20-1397
17. INFORMANT AND ADDRESS Dorothy Fore, Hally Springs, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8124 Immediate cause (a) Compound frac of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hit by auto; Pedestrian

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public (CITY OR TOWN) (COUNTY) (STATE) [illegible] LaPlata
TIME OF INJURY (Month) (Day) (Year) (Hour) 8/1/52 7P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS LaPlata Md DATE SIGNED 8-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-5-52
NAME OF CEMETERY OR CREMATORY Hally Springs
LOCATION (City, town, or county) (State) Hally Springs N.C.
DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08459

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5

1. PLACE OF DEATH: COUNTY: Charles; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryans Road; LENGTH OF STAY (in this place): 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryns Road; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) Martin (Last) Hicks

4. DATE OF DEATH: (Month) (Day) (Year) 8-22-52 19

5. SEX: Male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-95

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Septic Tanks

11. BIRTHPLACE (State or foreign country): Chicago Ill

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Saul Hicks

14. MOTHER'S MAIDEN NAME: Stella Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 241-30-8886

17. INFORMANT AND ADDRESS: Maud Hicks (Wife) Bryns Road, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease — Interval Between Onset and Death: Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-52, 19..., to 8-22-52, 19..., that I last saw the deceased alive on 8-22-52, 19..., and that death occurred at 12-30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Andrews — ADDRESS: Indian Head Md. — DATE SIGNED: 8-22-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF: 8-25-52 — NAME OF CEMETERY OR CREMATORY: Mont Lawn — LOCATION (City, town, or county) (State): Raleigh N.C.

DATE REC'D BY LOCAL REG.: 8/27/52 — REGISTRAR'S SIGNATURE: Odey Price — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf, Md.

RECEIVED
SEP 8 19
BUREAU V. S

08460

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
LENGTH OF STAY (In this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Busby (Last) Janifer

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 14. 1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Overton, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Durham
14. MOTHER'S MAIDEN NAME Hannah Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Preston Janifer, Ironsides Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	3 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank [illegible] (Degree or title) ADDRESS Indian Head Md DATE SIGNED 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-31-52
NAME OF CEMETERY OR CREMATORY Mt. Hope Baptist
LOCATION (City, town, or county) (State) Ironsides Md

DATE REC'D BY LOCAL REG. 8-30-52
REGISTRAR'S SIGNATURE Mary M. Sutherland
24. FUNERAL DIRECTOR Penny & Coper, Mason Springs, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Newman

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1952

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Apr 8 - 1890 | 9. AGE last birthday 62 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Servant | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Charles Co Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Newman | 14. MOTHER'S MAIDEN NAME Jennie Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. 210 | 17. INFORMANT AND ADDRESS Emma Newman. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 24 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Aug, 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 8:05 P m., from the causes and on the date stated above.

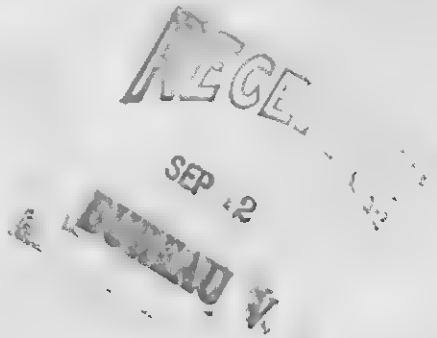
SIGNATURE (Degree or title) Lucie Ann Reeder MD — ADDRESS Bryantown Md — DATE SIGNED Aug 25 1952

23. BURIAL, CREMATION / ~~REMOVAL~~ (Specify) | DATE THEREOF 8-27-52 | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 8-27-52 / 8/29/52 | REGISTRAR'S SIGNATURE L.D.L. Bowie / Julia H Posey

24. FUNERAL DIRECTOR Hunter & Ryon — ADDRESS Waldorf Md

VS-A15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Item 1 FilmG145 8/12/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ... ...

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nanjemoy
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nanjemoy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Thomas (Last) Posey
4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-31-31
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schaeffer
10b. KIND OF BUSINESS OR INDUSTRY For Contractor
11. BIRTHPLACE (State or foreign country) Nanjemoy Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Norman Carroll Posey
14. MOTHER'S MAIDEN NAME Marguerite Bateman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-26-7160
17. INFORMANT AND ADDRESS Norman Carroll Posey Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound frac of Skull — 8-2-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Auto driven by him, overturned — 8-2-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Nanjemoy (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 2 (Year) 52 (Hour) 8 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto overturned

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [signature] (Degree or title) Md ADDRESS [illegible] Md DATE SIGNED 8-4-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-6-52 NAME OF CEMETERY OR CREMATORY St Ignatious LOCATION (City, town, or county) Hill Top (State) Md

DATE REC'D BY LOCAL REG. 8/4/52 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S

8/5/52

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Charles; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head; LENGTH OF STAY (in this place): Two Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Montgomery County, Pa.; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pottstown Pa.; STREET ADDRESS (If rural, give location): 550-Chestnut St

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Bessie (Last) Schultz

4. DATE OF DEATH: (Month) 8-16-52 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: W'US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-27-92

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Pensylvania

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Allen Evans

14. MOTHER'S MAIDEN NAME: Mamie Knauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 197-09-346

17. INFORMANT AND ADDRESS: Mrs. Grace Dillon, (Daughter) Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2-Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-52, 19..., to 8-16-52, 19..., that I last saw the deceased alive on 8-16-52, 19..., and that death occurred at 2:30 AM m., from the causes and on the date stated above.

SIGNATURE: James E. Andrews (Degree or title)

ADDRESS: Indian Head Md

DATE SIGNED: 8-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8-17-52

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Pottstown Pa

DATE REC'D BY LOCAL REG.: 8/17/52

REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR: Huntt & Ryon

ADDRESS: Waldorf Md.

SEP 8 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bennedict
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henderson Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warrenton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Franklin (Last) Smith

4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Nov 29 1927
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Smith Oldsmobile
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Mordecia F Smith
14. MOTHER'S MAIDEN NAME Mary Louise [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) 3/4/41 6/4/41
16. SOCIAL SECURITY NO. 579 12-7215
17. INFORMANT AND ADDRESS [illegible] 806 Dale Dr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED Aug 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 6 1952
NAME OF CEMETERY OR CREMATORY Arlington [illegible]
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 8-4-52 8-8-52
REGISTRAR'S SIGNATURE [illegible] Julia H. Pasey
24. FUNERAL DIRECTOR W W Chambers Co 517-4 St S.E. Wash D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1952
BUREAU

08465

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Bernace A. Southerland

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Nellie Southerland

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Jan. 2, 1870

8. AGE: Years: 82 Months: Months Days: — If less than one day: hrs. min.

9. Birthplace: Rison Chas Co. Md. (Town, county, and state)

10. Usual occupation: Farmer - Owner 442X

11. Industry or business

FATHER 12. Name: Walter A. Southerland

13. Birthplace

MOTHER 14. Maiden name: Harriett Franklin

15. Birthplace: Charles Co. Md

16. Informant: Nellie Southerland

Address: Rison Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 21 1952 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Chicamuxen

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. Aug. 20 1952 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 19 1952 at 11 05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1906 to Aug 19 1952 and that I last saw him alive on Aug 17 1952

Immediate cause of death: Cardio-vascular-renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell Mt. M. D. or other

Address: Marbury Md Date signed: Aug 19 52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08466

CERTIFICATE OF DEATH

Reg. Dist. No. 10.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Alexander (Last) Turner II

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 23, 1873

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Beef

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Alexander Turner 1st.

14. MOTHER'S MAIDEN NAME: Marguerite Jameson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry A. Turner 3rd, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

593X **Immediate cause** (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 8-2-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Nephritis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, to 8-5-52, that I last saw the deceased alive on 8-5-52, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 9/6/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF Aug 8, 1952 — NAME OF CEMETERY OR CREMATORY St. Paul — LOCATION (City, town, or county) (State) Waldorf, Md.

DATE REC'D BY LOCAL REG. 8/7/52 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR Hewitt & Ryon, Waldorf, Md. ADDRESS

RECEIVED
AUG 11 1952
BUREAU V. S.